

Application Data Sheet**APPLICATION INFORMATION**

Application Number::	Unassigned
Filing Date::	January 11, 2005
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	No
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	POROUS MEMBRANE
Attorney Docket Number::	232569
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor (1)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Masato
Family Name:: TAKAI
City of Residence:: Kashima-gun
State or Prov. of Residence:: Ibaraki
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Co., Ltd.
36, Oaza-Touwada, Kamisumachi
City of mailing address:: Kashima-gun
State or Province of mailing address:: Ibaraki
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 314-0197

Applicant Authority Type:: Inventor (2)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoichi
Family Name:: MATSUMOTO
City of Residence:: Kurashiki-shi
State or Prov. of Residence:: Okayama
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Co., Ltd.
1621, Sakazu
City of mailing address:: Kurashiki-shi
State or Province of mailing address:: Okayama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (3)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Kouji
Family Name:: SEKIGUCHI
City of Residence:: Kurashiki-shi
State or Prov. of Residence:: Okayama
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Medical Inc.
1621, Sakazu
City of mailing address:: Kurashiki-shi
State or Province of mailing address:: Okayama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (4)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Tomoki
Family Name:: KAKIUCHI
City of Residence:: Kurashiki-shi
State or Prov. of Residence:: Okayama
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Medical Inc.
1621, Sakazu
City of mailing address:: Kurashiki-shi
State or Province of mailing address:: Okayama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (5)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Hitoshi
Family Name:: TSURUTA
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State or Prov. of Residence::
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Co., Ltd.
Ote Center Bldg., 1-1-3, Otemachi, Chiyoda-ku
City of mailing address:: Tokyo
State or Province of mailing address::
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 100-8115

Applicant Authority Type:: Inventor (6)
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Takao
Family Name:: SHIMIZU
City of Residence:: Kurashiki-shi
State or Prov. of Residence:: Okayama
Country of Residence:: Japan
Street of mailing address:: c/o Kuraray Co., Ltd.
1621, Sakazu
City of mailing address:: Kurashiki-shi
State or Province of mailing address:: Okayama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 710-8622

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460
Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/008758	07/10/2003

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Japan	204733/2002	07/12/2002	Yes

ASSIGNEE INFORMATION

Assignee name:: (1) KURARAY CO., LTD
Street of mailing address:: 1621, Sakazu
City of mailing address:: Kurashiki-shi
State or Province of mailing address:: Okayama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 710-8622

Assignee name:: (2)	KURARAY MEDICAL INC.
Street of mailing address::	1621, Sakazu
City of mailing address::	Kurashiki-shi
State or Province of mailing address::	Okayama
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	710-8622